

## NOTIFICATION OF PICKETING

GROUP/ORGANIZATION NAME \_\_\_\_\_

ADDRESS OF GROUP/ORGANIZATION \_\_\_\_\_

NAME OF INDIVIDUAL GIVING NOTIFICATION \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

ADDRESS WHILE IN CITY (IF DIFFERENT THAN HOME ADDRESS) \_\_\_\_\_

LOCATION WHERE PICKETING WILL TAKE PLACE \_\_\_\_\_

LENGTH OF TIME PICKETING WILL BE CONDUCTED \_\_\_\_\_

BEING DULY SWORN, SAYS THAT HE/SHE IS THE APPLICANT NAMED ABOVE, THAT HE/SHE HAS READ THE ABOVE STATEMENT AND KNOWS THE CONTENTS THEREOF AND THAT SAME IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE.

SIGNATURE \_\_\_\_\_

CITY CLERK OR NOTARY \_\_\_\_\_ DATE \_\_\_\_\_